

# CLAIMS ONLY

SERIAL NO. \_\_\_\_\_

FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

## CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3	1					
4		1				
5	1					
6		1				
7	1					
8		1				
9		1				
10	1					
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
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49						
50						
TOTAL IND.	1	1				
TOTAL DEP.	1	6	1	6	1	6
TOTAL CLAIMS	1	6	1	6	1	6

	*					
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS